PTO'S BUSINESS (03)

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Substitute for Form PTO-875						()4/744/28		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY						OR SMALL ENTITY		
FOR	NUMBER FILED NUMBER EXTRA		R EXTRA	RATE	. FEE		- RATE	FEE
BASIC FEE (0) OFR 1.16(4)					•	OR		<u></u>
TOTAL CLAIMS	enious 20 =			11	<u>.</u>	OR ·	x •	
DIDEPENDENT CLAMS OF CFR 1.16(0))	minus 3 e			<u> </u>		· OR	x 6=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.1600)				*5*		OR	+ 5	
" If the difference in column 1 is less than zero, enter "O" in column 2.				TOTAL		OR:	TOTAL	
CLAIMS AS AMENDED - PART II			(Cotumn 3)	SMALL E	-NTITY	OR .	OTHER	THAN ENTITY
1 4 1 1 2	Column 1)	HIGHEST	PRESENT	RATE	ACIOI-	]	RATE	ADO4
	REMAINING AFTER MENDMENT	NUMBER PREVIOUSLY PAID FOR	EXTRA	100.12	TIONAL			TIONAL FEE
Total Controlled	25 Minus	- 25		x 5=	<u> </u>	<b>O</b> R	x \$*	
O promings	.5			x s =		OR	x 5•	
5	ON OF MULTIPLE DEPEND	ENT CLAM (37 CF	R 1,16(4))	+5		OR	٠,	
				TOTAL ADO'L FEE		OR	TOTAL ADO'L FEE	
	CLAIMS REMAINING	HIGHEST NUMBER PREVIOUSLY	PRESENT	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Z William	AFTER MENOMENT	PAID FOR	27		FEE	4	= -	FEE
Total  Total  Graph 1-Mag  Independent  Interpendent  Interpendent  Interpendent	33 Minus	(2)	8	<u> </u>	<b> </b>	OR	x = 50.	400
Z Independent (17 OFR 1,14m)	.5 Minus	5_	•.	×1		OR	x \$200 -	
RIRST PRESCRIPTION OF MULTIPLE DEPENDENT CLASS (NY CER ) 1666				\ <u></u>		OR	TOTAL	1.5
			Qu	ADDL FEE		QR	ADO'L FEE	400
(Column 1) (Column 2) (Column 3)								
1 - 1 / 2 / 2 / 1	CLAINS REMAINING AFTER MENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADONAL ADON		, RATE	ADOF TIONAL FEE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	33 Minus	25	•	X 3		OR	. × 8 a	
A SPORT BREEZENING	C Minus	-5	•	x 5	· .	OR	× 5	
A PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAME (3F CFR 1 1666))				•, _ •	1	OR	¥ 5	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
a way is and use a list specified the enter in ordered 2 units "O" in column 1.								
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".								

The "rispness Humber Pseviously Paid For" (Total or Independent) is the highest number found in the appropriate toos in column 1.

This objection of information is required by 37 CFR 1.16. The information is required to estain or retain a benefit by the public which is to file (and by the USPTQ to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete; including gathering, preposing, and submitting the completed application form to the USP10. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Clied Information Officer, U.S. Patent and Tradelman Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.